

#3

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**IN VIVO MULTIPHOTON DIAGNOSTIC DETECTION AND IMAGING OF A NEURODEGENERATIVE DISEASE**

The specification of which (check only one item below):

[ ] is attached hereto.  
 [X] was filed as U.S. Patent Application Serial No. 10/001,643 on October 31, 2001 and was amended on \_\_\_\_\_  
 (if applicable).  
 [ ] was filed as PCT International Application No. \_\_\_\_\_ on \_\_\_\_\_ and was amended under PCT Article 19 on  
 (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim priority benefits under Title 35, United States Code, § 119 of any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119**

COUNTRY (IF PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
United States	60/245,306	2-NOV-2000	[X] YES [ ] NO
			[ ] YES [ ] NO
			[ ] YES [ ] NO

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge my duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:**

U.S. APPLICATIONS		STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED

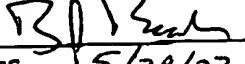
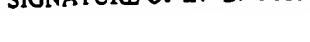
  

PCT APPLICATIONS DESIGNATING THE U.S.		
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)

Page 1 of 3

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continue)			ATTORNEY'S DOCKET NUMBER 19603/3541 (CRF D-2694A)
<p><b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Michael L. Goldman, Registration No. 30,727; Joseph M. Noto, Registration No. 32,163; Ann R. Pokalsky, Registration No. 34,697; Gunnar G. Leinberg, Registration No. 35,584; Edwin V. Merkel, Registration No. 40,087; Georgia Evans, Registration No. 44,597; Alice Y. Choi, Registration No. 45,758</p>			
Send Correspondence to:		Michael L. Goldman NIXON PEABODY LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603	Direct Telephone Calls to: (name and telephone number) Michael L. Goldman (716) 263-1304
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME Hyman	FIRST GIVEN NAME Bradley
	RESIDENCE & CITIZENSHIP	CITY Charlestown	STATE/FOREIGN COUNTRY Massachusetts
	POST OFFICE ADDRESS	P.O. ADDRESS 114 16 <sup>th</sup> Street, (CAGN 2009)	CITY Charlestown
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME Christie	FIRST GIVEN NAME Richard
	RESIDENCE & CITIZENSHIP	CITY New York	STATE/FOREIGN COUNTRY New York
	POST OFFICE ADDRESS	P.O. ADDRESS 221 E. 33 <sup>rd</sup> Street (Apt. 2C)	CITY New York
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME Bacskai	FIRST GIVEN NAME Brian
	RESIDENCE & CITIZENSHIP	CITY Charlestown	STATE/FOREIGN COUNTRY Massachusetts
	POST OFFICE ADDRESS	P.O. ADDRESS 114 16 <sup>th</sup> Street (CAGN 2750)	CITY Charlestown
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME Webb	FIRST GIVEN NAME Wall
	RESIDENCE & CITIZENSHIP	CITY Ithaca	STATE/FOREIGN COUNTRY New York
	POST OFFICE ADDRESS	P.O. ADDRESS 9 Parkway Place	CITY Ithaca
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME Zipfel	FIRST GIVEN NAME Warren
	RESIDENCE & CITIZENSHIP	CITY Ithaca	STATE/FOREIGN COUNTRY New York
	POST OFFICE ADDRESS	P.O. ADDRESS 535 Enfield Center Road	CITY Ithaca
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201  DATE 5/23/02	SIGNATURE OF INVENTOR 202  DATE 5/23/02	SIGNATURE OF INVENTOR 203  DATE 5/29/02
SIGNATURE OF INVENTOR 204  DATE	SIGNATURE OF INVENTOR 205  DATE	SIGNATURE OF INVENTOR 206  DATE

Page 3 of 3

COMBINED DECLARATION FOR PATENT  
APPLICATION AND POWER OF ATTORNEY  
(Includes Reference to PCT International Applications)

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PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)

COMBINED DECLARATION FOR PATENT APPLICATION  
AND POWER OF ATTORNEY (Continue)

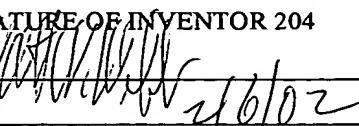
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Send Correspondence to: <b>Michael L. Goldman</b> <b>NIXON PEABODY LLP</b> <b>Clinton Square, P.O. Box 31051</b> <b>Rochester, New York 14603</b>				Direct Telephone Calls to: (name and telephone number) <b>Michael L. Goldman</b> <b>(716) 263-1304</b>
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME <b>Hyman</b>	FIRST GIVEN NAME <b>Bradley</b>	SECOND GIVEN NAME <b>T.</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Charlestown</b>	STATE/FOREIGN COUNTRY <b>Massachusetts</b>	COUNTRY OF CITIZENSHIP <b>United States</b>
	POST OFFICE ADDRESS	P.O. ADDRESS <b>149 13<sup>th</sup> Street</b>	CITY <b>Charlestown</b>	STATE & ZIP CODE/CTRY <b>Massachusetts 02129/USA</b>
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME <b>Christie</b>	FIRST GIVEN NAME <b>Richard</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Boston</b>	STATE/FOREIGN COUNTRY <b>Massachusetts</b>	COUNTRY OF CITIZENSHIP <b>United States</b>
	POST OFFICE ADDRESS	P.O. ADDRESS <b>28 Castelton Street #2</b>	CITY <b>Boston</b>	STATE & ZIP CODE/CTRY <b>Massachusetts 02130/USA</b>
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME <b>Bacska</b>	FIRST GIVEN NAME <b>Brian</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Charlestown</b>	STATE/FOREIGN COUNTRY <b>Massachusetts</b>	COUNTRY OF CITIZENSHIP <b>United States</b>
	POST OFFICE ADDRESS	P.O. ADDRESS <b>149 13<sup>th</sup> Street</b>	CITY <b>Charlestown</b>	STATE & ZIP CODE/CTRY <b>Massachusetts 02129/USA</b>
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME <b>Webb</b>	FIRST GIVEN NAME <b>Watt</b>	SECOND GIVEN NAME <b>W.</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Ithaca</b>	STATE/FOREIGN COUNTRY <b>New York</b>	COUNTRY OF CITIZENSHIP <b>United States</b>
	POST OFFICE ADDRESS	P.O. ADDRESS <b>9 Parkway Place</b>	CITY <b>Ithaca</b>	STATE & ZIP CODE/CTRY <b>New York 14850/USA</b>
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME <b>Zipfel</b>	FIRST GIVEN NAME <b>Warren</b>	SECOND GIVEN NAME <b>R.</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Ithaca</b>	STATE/FOREIGN COUNTRY <b>New York</b>	COUNTRY OF CITIZENSHIP <b>United States</b>
	POST OFFICE ADDRESS	P.O. ADDRESS <b>535 Enfield Center Road</b>	CITY <b>Ithaca</b>	STATE & ZIP CODE/CTRY <b>New York 14850/USA</b>
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/CTRY

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	Warrin J. Taylor 2/6/02	

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